### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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Page 1 of 17

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TOWN AND CITY CLERK
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COVER PAGE

	COT		· ·	
1. NAME OF COMMITTEE				Tag(A) Spales as a
Preleski	for Counc		<u> </u>	
2. TREASURER NAME				
First DAVID	<sup>MI</sup>	AL ber T		Suffix
3. TREASURER ADDRESS		The second secon		
Street Address Eust Ma	ain ST	BRISTOR	State	Zip Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of	nly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11 - 05-2019		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)		100 Kaka 8	Taring and the second s
DAVID	MI T.	Last Prehesti		Suffix
8. TYPE OF REPORT (Check One Box)				WALLEST WAR ALIAN
January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	□ Initial Cont	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY)	
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9, PERIOD COVERED			in a second	
	Beginning Date	Ending Date		
	10-1-19	thru 12-31-19		
10. CERTIFICATION				
I hereby certify and state under pe	malties of false statement that			
Disclosure Statement for the per	iod covered is true, accurate	t all of the information set forth on thi	s Itemized Cam	ipaign Finance
- 0	1	•		
alm a		DAVID W. Albert		
TREASURER OR DEPUTY TREASURED	R (SIGNATURE) PRI	NT NAME OF SIGNER	<del></del>	DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
treleski for Council	Jan. 10	July.
	COLUMN A	COLUMN B
	This Period	Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		33. 3
12. Balance on hand at the beginning of Reporting Period		3248.05
13. Contributions Received from Individuals (Sections A and B)		0
14. Receipts from Other Committees (Sections C1 and C2)		0
15. Other Monetary Receipts (Sections D through K)		0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance	A STANDARD	
25a. + Loans Received (Section D)	[8	
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
6. Campaign Expenses Paid by Candidate (Section Q)		
7. Expenses Incurred on Committee Credit Card (Section R)		<u> </u>
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep		
	ository)	TYPE OF REPORT
- Freleski for Council		Jan 10 tim
A. Total Contributions from Small Contributors-I	Received this Period ONLY	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ \( \)
	3006	
B. Itemize	ed Contributions from Indi	viduals
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	of \$400 to a candidate for a chief execut s he/she is associated with have a contra	ct with said municipality
Is this contribution associated with an Yes Is contributor a princip	eal of a state contractor or prospective st	tate contractor?
If yes, list Event # No If yes, indicate white of government the	ich branch or branches	e 🗆 Legislative
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Order	right gate Countrounous
ast Name	First	
	i list	MĪ
esidential Street Address	City	
	City	State Zip Code
rincipal Occupation		
	Name of Employer	
contributor a lobbyist, spouse, Yes If contribution is in excess of		
	f \$400 to a candidate for a chief executive he/she is associated with have a contract \(\subseteq\ \text{Yes} \square \square\ \text{No}	ve officer of a municipality, t with said municipality
this contribution associated with an Yes Is contributor a principal	al of a state contractor or prospective sta	ato continue of the same of th
17 yes, indicate which	ch branch or branches	П №
## of government the contribution:		Legislative
Cash ☐ Personal Check ☐ Gredit/Debit Card ☐ Payroll Deduction ☐ In	Date Received	Aggregate Contributions
ast Name		
	First	MI
esidential Street Address		
	City	State Zip Code
incipal Occupation		<u> </u>
	Name of Employer	
contributor a lobbyist, spouse, dependent child of a lobbyist?	\$400 to a candidate for a chief executive/she is associated with have a contract	e officer of a municipality. Amount of Contribution with said municipality
Coast Bot Promet #	of a state contractor or prospective state	e contractor?
ethod of Contribution:		☐ Legislative
Cash Personal Check Credit/Debit Card Payroll Deduction M	Date Received	Aggregate Contributions
	UBTOTAL Section B — This	
	TAL of additional Section B P	
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page 1	(+B)
	V - 13- 1	

State   Countributions from Other Committees	NAME OF CO	MMITTEE (Provide Con							TYPE OF REPORT		
Subsection   Sub		) relevant	۸۵۲	************	****					10 41	Im
Anderse    Is this contribution associated with an   Yes   No event reported in Section 1.72   No event reported in Section 1.73   No event reported in Section 1.73   No event reported in Section 1.74   No even	Vame of Committe	20		C1.	Contribution	ons fro					0
State   Zip Code   Date Received   Agarques Contributions of Contributions   Amount of Contributions					$\lambda$	W	V (Name	ie of Treasure	л <b>г</b>		
State   Zip Code   Date Received   Aggregate Contributions	Address	——————————————————————————————————————			<del></del>	Is this event	r reported in Se	section LI?		Amount	of Contribution
Name of Committee    State	City			State	7in Code						
State   Zip Code   Date Received   Aggregate Contributions					Zip Cone		le Vereiner		Aggregate Contributions		
State   Zip Code   Date Received   Aggregate Contributions	Name of Committee	<b>3</b>					Namo	e of Treasure	r		
State   Contribution associated with an   Yes   No event reported in Section L1?   If yes, list Event #   Amount of Contribution associated with an   Yes   No event reported in Section L1?   If yes, list Event #   Agregate Contributions   Amount of Contributions   State   Zip Code   Date Sectived   Agregate Contributions   Amount of Contributions   If yes, list Event #   Amount of Contributions   If yes, list Event #   Agregate Contributions   If yes, list Event #   If yes, l		•									
State   Zip Code   Date Received   Aggregate Contributions	Address		-			Is this event	contribution a reported in Se	associated v	with an ☐ Yes ☐ No	Amount o	of Contribution
Name of Committee   Name of Transmer	City		<del></del>	I Cinta	- In: O.J.			If yes, list E			
Is this contribution associated with an	J,			Since	Zip Code	Dan	e Received		Aggregate Contributions		
Is this contribution associated with an	Name of Committee						Name	- of Treasurer			
State   Stat								VI FIGURE			
State Zip Code Date Received Aggregate Contributions  C2. Reimbursements or Surplus Distributions from other Committees    Name of Treasurer	Address					Is this event	reported in Sec	ection L1?	<del></del>	Amount of	f Contribution
C2. Reimbursements or Surplus Distributions from other Committees    State	in.			10			Ţ,	If yes, list E			
Address    City   State   Zip Code	-lty			State	Zip Code	Date				7	
Address    City   State   Zip Code											·
Address  City  State  Zip Code  Care Received  Espenditure #  (ff-applicable)  Payment Type  Reimbursement for shared expense  Surplus Distribution  Name of Treasurer  Amount of Receipt  City  State  Zip Code  City  State  Zip Code  City  State  City  Amount of Receipt  Amount of Receipt  State  City  State  City  State  City  Amount of Receipt  State  City  State  City  State  City  State  City  State  City  Code  Code  State  City  Code	Vame of Committee	Cz.	Reimpu	irsement	ts or Surplu	ıs Dist			her Committees		
City  State Zip Code  Date Received   Expenditure #   Payment Type   Amount of Receipt  Description  Amount of Receipt  City  State Zip Code  City  State Zip Code  City  State Zip Code  City  State Zip Code  Amount of Receipt  City  State Zip Code  State Signature #   State Zip Code  This Page  Supplies Distribution  SUBTOTAL Section C—This Page  TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS							1чань о	of Treasures			
Date Received   Expenditure	Address					Cit	ty			State	Zip Code
City   State   Zip Code     Payment Type   City   State   Zip Code     City   State   Zip Code     City   State   Zip Code     City   State   Zip Code     City											
Description    City   State   Zip Code	Date Received		ļ	· ·						Amount	of Deceint
Amount of Receipt    Superior			□R	eimburseme	ent for shared ex	pense	☐ Surplus Di	istribution		(ABBO Mar-	οι κετειμι
Amount of Receipt    State   Zip Code	Pescription							·		-	
Amount of Receipt    State   Zip Code	ame of Committee						1				
Pate Received   Expenditure # (If applicable)   Payment Type   Amount of Receipt							Name of	)f Treasurer			
Pate Received   Expenditure # (If applicable)   Payment Type   Amount of Receipt	ddress					Cit					- <u> </u>
Amount of Receipt    Supplicable   Committee   Committ						Cny				State	Zip Code
SUBTOTAL Section C — This Page  TOTAL of additional Section C Pages  TOTAL COMMITTEE CONTRIBUTIONS AND RECEIPTS	Pate Received		Pay	ement Type		Щ.			-		
SUBTOTAL Section C — This Page  TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS		(if applicable)		- •	ment for shared (	evnense	Cumlus,	Di-+-ibution		Amount	of Receipt
SUBTOTAL Section C — This Page  TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	escription				ICIR IOI DAM	хренье	Li Surpius L	Distribution	ı		
TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS			-								
TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS		·			SUBTOT	'AL Ser	etion C —	This Pag	,		
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS				· .							
(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)		TOTAL OF	ALL CO	OMMITT	EE CONTRI	IBUTIO	ONS AND R	RECEIPT	rg e		
		(Sections	s C1 + C2	2) (Enter tot	al on Line 14, C	<u> Column A</u>	1 of Summary	y Page Tota	(s)	<u> </u>	

NAME OF COMMITTEE (Proylde Con	plete Name as Registered with Filing i	Repository)	edi III		REPORT	- age 5 01 17
relesky	for Com			Ja		films
	D. L <sub>0</sub>	ans Rece	ived this Period			
Name of Lender		•	Source of Loan:			Date of Receipt
C A 11.			Bank Ca	ndidate 🔲 Individua	l Dother Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or
						Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
Street Address			☐ Bank ☐ Can	didate 🗌 Individual	Other Committee	
Sci ect Address	City			State	Zip Code	Is there a Cosigner or
						Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)				· · · · · · · · · · · · · · · · · · ·		Amount Received
Street Address						Amount Received
Sirect Address	City			State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
Street Address			Bank Can	didate 🔲 Individual	☐ Other Committee	
54 OU 7 MM O35	City			State	Zip Code	Is there a Cosigner or
Variation of the state of the s						Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address				<u> </u>		
	City			State	Zip Code	
			TOTAL SECTI	OND		
E. Receipts from	Entities other than Inc	dividuals	or Other Comp	ittees (Referend	lum Committee	e ONE VI
arne of Entity					Commune	3 OHLI)
reet Address				Date Received	•	Amount Received
ty						
ny .		State	Zip Code	Aggregate Contribut	ions	
Providence of Providence						
ame of Entity						
reet Address		***************************************	·			
				Date Received		Amount Received
у		184-4-	17.0			
		State	Zip Code	Aggregate Contributi	ons	
rme of Entity						
•						
eet Address				I David Britain		
				Date Received		Amount Received
у		State	Zip Code			
			Zip Code	Aggregate Contributi	ons	
			TOTAL SECTION	ONE		

SEEC FORM 20 Revised January 2015

## I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17

	E (Provide Complete Name as Regi	stered with Filing	Repository)		TYF	PE OF REPORT		
	leski for		در ســـ			Jan.	10	Film
F	. Amount Transferred	l from Affi	lliated Bu	siness Treasury (Bus	iness En	tity Committees O	NLY)	<del></del>
Date of Receipt	Is this transaction asso event reported in Secti	ciated with an	☐ Yes ☐ No	If yes, list Event #	· · · · · · · · · · · · · · · · · · ·		Amount	
Date of Receipt	Is this transaction associated in Section 15	ciated with an on L1?	☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associate event reported in Section	iated with an on L1?	☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associated in Section	iated with an in L1?	☐ Yes ☐ No	If yes, list Event #	<del></del>		Amount	
				TOTAL SECTIO	NF			
						<u> </u>		
G. Amount Tr	ansferred from Affilia	ted Labor	Union or	Other Organization	Treas	ury (Organization	ı Commi	tees ONLY)
ate of Receipt		Date of Receipt				Receipt		
Ar	nount		An	ounf		Amo	)unf	
				TOTAL SECTION	G			
1	H. Personal Funds of	the Candid	ate Rece	ved this Period (Car	didate C	Ommittage OMI V		
te of Receipt	Method of payment:					ommutes O(VL1)	Amount	
	☐ Cash	□ Pe	ersonal Check	☐ Credit/Debit (	Card			
te of Receipt	Method of payment:	□ Pe	ersonal Check	☐ Credit/Debit (	Card		Amount	
e of Receipt	Method of payment:						Amount	
	☐ Cash	☐ Pe	rsonal Check	☐ Credit/Debit C	ard			
of Receipt	Method of payment:			***			Amount	
	☐ Cash	☐ Per	rsonal Check	☐ Credit/Debit C	'ard		v Kill	
				TOTAL SECTIO	NΗ			
	-							
		T 1		-				
		I. Ano	nymous (	Contributions			) -	***************************************

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC	FORM	1 20

# \_I. MONETARY RECEIPTS (Sections A—K)

Page	7	a.F	17
CARE	1	DI	1 /

NAME OF COME	ITTES (Provide Complete No	une as Registered wi	ith Filing Repository)		TYPE O	F REPORT	
	Trelesia	-421	Coonac			Jan 10	s file
	•	J. Interest	t from Deposits in Author	ized Accoun			9
Name of Institution				***	Date Rece	ived	Amount
Street Address			City:			-	
			City	St	ate	Zip Code	
Name of Institution					Date Recei	ived	A
							Amount
Street Address			City	Sta	ate	Zip Code	
			TOTA	AL SECTION	J		
	K. Mise	cellaneous IV	Ionetary Receipts not Cor	asidered Con	tributi	ons	
Name						of Transaction	Amount Received
Street Address			City		State	Zip Code	
					State	Zip Code	
Description	_	-					
Vame .					Data	of Transaction	
		·			Date	or transaction	Amount Received
treet Address			City		State	Zip Code	
Description		W					
lame					Date c	of Transaction	Amount Received
treet Address			City		State	Zip Code	
					- 1	J. P Code	1
escription							
ame					Date o	f Transaction	
reet Address	•						Amount Received
Teet Addiess			City		State	Zip Code	
escription							_
			TOTAL SE	CTION K			
	SUMMARY	OF OTHER	R MONETARY RECEIPT	rs (Sections	D thro	ngh I/)	
otal Loans Receiv	ed this Period (Section	D)		to (sections.	D taro	ugn K)	
			her Committees (Section E)				
	sferred from Affiliated				+		
			or Other Organization Treasury		+		
				y (Section G) -	<del></del>		
	covered a numer of the Ca	natante Receiv	ed this Period (Section H)	•	<del> -</del>		
						<del></del>	
otal Amount of In	terest from Deposits in	Authorized Ac	counts (Section J)		+		

	II. EVENT AC	T 1 A T T	I (Sections L1—	-L5)			Page 8 of 17
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Reposito	(איזי		TYPE OF REPORT	Γ		
I THE	Sa the Council			Jan	(0)	<del>,</del>	Tn
	L1. Eve	ent Infor	mation				<del>- 6</del>
Event # Date of Event Letter	Description	2V	<u> </u>				ndraising eve
Location: Street Address	J	City		1		Yes	☐ No
Subpart 1: (All Committee				•			
Was this event hosted at		□ Yes	(If yes, go to Section L5 Associated with a Hou purchases made by host	ise Party and comple	te reanire	ed infor	Contributions mation for an
of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes	(If yes, go to Section La and complete required in	In-Kind Donations information.)	not Consi	idered (	Contributions
Was this fundraiser a tag :	sale, auction, or other sale of donated items	☐ Yes	(If yes, enter Total Rece	ipts here.)			
with purchases from an in	dividual of up to \$100?	□ No			\$		
Subpart 2: (Party Comm.	ittees, Municipal Candidates and Political Con	unittaan est	on them Cambons	a			
Were there purchases of a sign associated with this f Subpart 3: (Town Comm	undraiser?	⊔ Yes	(If yes, go to Section L3 or on a Sign and compl	Purchases of Adver-	tising Spa ation.)	ce in a )	Program Bool
Did your committee sell for	ood or beverage at a fair or similar mass	F-1					
gathering held within the	state with this fundraiser?	∟ Yes	(If yes, enter Total Recei	ipts here.)	\$		
•		□ No			<u> </u>		
Event # Date of Event Letter	Description					s a func Yes	Iraising even
Location: Street Address		City			<u> </u>		□ No
					State	e   '	Zip Code
Subpart 1: (All Committee							
Was this event hosted at a	personal residence?	•	If yes, go to Section L5 I Associated with a House ourchases made by host(s	Party and complete	hariunar e	info	utributions ation for any
Did this fundraiser include of up to \$200 or items done	goods or services donated by a business entity ated by an individual of up to \$100?	☐ Yes (	If yes, go to Section L4 I	(n-Kind Donations n formation.)	ot Consid	ered Co	ontributions
Was this fundraiser a tag sa	le, auction, or other sale of donated items		yes, enter Total Receip				
with purchases from an ind	ividual of up to \$100?		y yes, enter Tolar Receip	ns nere.)	\$		
	tees, Municipal Candidates and Political Comn vertising space in a program book or on a	□ No  nittees other □ Yes (1	r than Exploratory Co	ommittees)			
ign associated with this fur	idraiser?	Ű	r on a Sign and complet	te required informat	ion.)	; iii a l't	ogram Book
ubpart 3: (Town Committ	tees ONI Y	□ No					
old your committee sell foo athering held within the sta	d or beverage at a fair or similar mass		fyes, enter Total Receipt	ts here.)	\$		
SUBTOTAL Section I	L1—Subpart 1 (All Committees) Total Receipts fro	□ No	Donat J.L.				
	Total Recei	on L1—Subp pts from Fo	oart 3 <i>(Town Committees</i> ood Purchases — Thi	s ONLY) is Page			
	7	TOTAL of	additional Section L	1 Pages			
	TOTAL OF ALL RECEI (Enter total on i	PTS FRO	M SMALL PURC	HASES		)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE Provide Complete Name as Registeres with Filing Repositors) TYPE OF REPORT SUNCIC an 10 L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: ■ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City State Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

Street Address   City   State   Zip Code	NAME OF COMMIT	TEE (Provide Complete Name as R	egistered with Filing Rep	osilory)	•	TYPE OF REPO	<u></u>	
City   Same   Zip Code	tre	lesky for	Cosmaci					41
State   Description of Description		L4. ]			sidered Contribu		, –	- Ming
Description of Donotion   Description of Donotion   Don	Name of Donor		***		- Control			
Description of Donotion   Description of Donotion   Don								
Doubling Given By:   Individual   Date Received   Event #   Aggregate Value for this Event   Fair Market Value of Doubling     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Individual   Date Received   Event #   Aggregate Value for this Event     Indinitial   Date Received   Event #   Aggregate Value for this Event	Street Address			City			Sta	te Zip Code
Business Entity   Date Received   Event #   Aggregate Value for this Event   Fair Market Value of Donation								
Individual   Date Received   Event 8   Aggregate Value for this Event	Donation Given By:	Description of Donation					Fair Mort	of Value of Dansti
Sole Proprietorship   Sole Received   Sevent #   Aggregate Value for this Event							I all ITAIL	ret value of Dollatio
Street Address   City   State   Zip Code		Date Received	Event #	· · · · · · · · · · · · · · · · · · ·	Aggregate Value fo	r this Event	-	
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	L5. In-Kind Donations Not Consid	dered Contribution	s Associated with a	House Part	<u> </u>	- 20, PS
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SEEC FORM 20 Revised framings 2015

#### - III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	e Nume as	Registered wit	h Filing Repos	sitory)		LIL TO (BCC)		E OF REPORT			Fage 12 01 1/
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☐ Individual / Sole Proprietorship ☐ Other						2					
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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Revited January 2015

### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	neri)	THIND ON DEDOCT		
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